FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number: 3235-0076 Expires: August 31,2008 Estimated average burden hours per response.....16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
1	- 1					

SEC

The Home Depot Deferred Compensation Plan For Officers (debt securities) Mail Processing Section Mail Processing Section Rule 505 Rule 506 Section 4(6) ULOE Section	Name of Offering (check if this is an amendment and name has changed, and indicate change.)	SEC
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Home Depot, Inc. Address of Executive Offices Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Home improvement retail business Type of Business Organization corporation limited partnership, already formed other (please specif) business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Officer (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on	The Home Depot Deferred Compensation Plan For Officers (debt securities)	
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Name of Issuer (AUG 1 4 2008
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	When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A not	ice is deemed filed with the U.S. Securities if received at that address after the date on
which it is due, on the date it was mailed by United States registered or certified mail to that address.	which it is due, on the date it was mailed by United States registered or certified mail to that address.	The control of that address after the date of
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	•	

not be filed with the SEC. Filing Fee: There is no federal filing fee.

photocopies of the manually signed copy or bear typed or printed signatures.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDE	ENTIFICATION DATA						
2. Enter the information re	quested for the fol	lowing:							
• Each promoter of t	• Each promoter of the issuer, if the issuer has been organized within the past five years;								
Each beneficial own	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer								
Each executive offi	icer and director of	corporate issuers and of	corporate general and man	aging partners of par	tnership issuers; and				
 Each general and n 	nanaging partner of	f partnership issuers.							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director [General and/or Managing Partner				
Full Name (Last name first, i	Cindinidual)								
Blake, Francis S.	(individual)								
Business or Residence Addre 2455 Paces Ferry Road,		Street, City, State, Zip Co 30339	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, i Crow, Timothy M.	f individual)								
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)						
2455 Paces Ferry Road, N	∖W Atlanta, GA	30339							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, i EllIson, Marvin R.	f individual)								
Business or Residence Addre 2455 Paces Ferry Road, I	•	•	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
zganics, Joseph			•						
Business or Residence Addre 2455 Paces Ferry Road,	•	Street, City, State, Zip Co 30339	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, i McFarland, III, Joseph	f individual)	A							
Business or Residence Addre 2455 Paces Ferry Road,	-	Street, City, State, Zip Co 30339	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, i Menear, Craig A.	f individual)			,					
Business or Residence Addre 2455 Paces Ferry Road,		Street, City, State, Zip Co 30339	ode)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, i Raines, Julian Paul	f individual)								
Business or Residence Addre 2455 Paces Ferry Road,			ode)						
	(Use blai	nk sheet, or copy and use	additional copies of this sl	heet, as necessary)					

		A. BASIC ID	ENTIFICAT	ION DATA			
2. Enter the information rec	quested for the fol	lowing:					•
Each promoter of the Each	ne issuer, if the iss	uer has been organized	within the past	t five years;			
 Each beneficial own 	er having the pow	er to vote or dispose, or d	irect the vote o	or disposition (of, 10% or more of	a class	of equity securities of the issuer.
Each executive offi	cer and director of	corporate issuers and o	f corporate gei	neral and man	aging partners of	partner	ship issuers; and
Each general and m	anaging partner of	f partnership issuers.					
Check Box(es) that Apply;	Promoter	Beneficial Owner	Z Execu	tive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if Saldivar, Ricardo	individual)						
Business or Residence Addres 2455 Paces Ferry Road,			Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Execu	itive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if Tome, Carol B.	individual)		•				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)	. -			· · · · · · · · · · · · · · · · · · ·
2455 Paces Ferry Road, N	IW Atlanta, GA	30339					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Execu	utive Officer	Director		General and/or Managing Partner
Full Name (Last name first, it VanWoerkom, Jack A.	individual)		131				
Business or Residence Address	s (Number and	Street, City, State, Zip C	Code)				
2455 Paces Ferry Road, N	√W Atlanta, GA	30339			'		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Exect	utive Officer	Director		General and/or Managing Partner
Full Name (Last name first, it	f individual)	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
Verschuren, Annette M.							
Business or Residence Addres 2455 Paces Ferry Road,	•		Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Execu	utive Officer	Director		General and/or Managing Partner
Full Name (Last name first, it Ackerman, F. Duane	f individual)				1		
Business or Residence Address 1180 Peachtree Street N			Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Execu	utive Officer	Director		General and/or Managing Partner
Full Name (Last name first, it Batchelder, David H.	f individual)				i		
Business or Residence Addres 12400 High Bluff Drive, S	•	Street, City, State, Zip (iego, CA 92130	Code) ·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Exec	utive Officer	✓ Director		General and/or Managing Partner
Full Name (Last name first, i Bousbib, Ari	f individual)			-			
Business or Residence Addre 10 Farm Springs Road Fa	•	Street, City, State, Zip 6	Code)	-			
	(Use bla	nk sheet, or copy and us	e additional co	opies of this s	heet, as necessary	')	

		A.	BASIC IDE	ENTIF	FICATION DATA				
2. Enter the information re	quested for the fol	lowing:							
• Each promoter of t	he issuer, if the iss	uer has been	organized w	ithin t	he past five years;				
Each beneficial own	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.								
Each executive offi	icer and director of	corporate is	suers and of	corpoi	rate general and man	aging	partners of	partne	rship issuers; and
Each general and n	nanaging partner of	f partnership	issuers.						
Charle Baurlan) that Applies	December .		cial Owner		Executive Officer		Director	$\overline{}$	General and/or
Check Box(es) that Apply:	Promoter	Dellett	ciai Owner		Executive Officer	Z	Director		Managing Partner
Full Name (Last name first, i Brenneman, Gregory D.	f individual)								
Business or Residence Addre 24 Waterway Avenue, Su		•		de)					
Check Box(es) that Apply:	Promoter	Benefi	cial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Carey, Albert P.	f individual)		<u></u>				•	•	
·	As (Number and	Street City	State Zin Co	· dal					
Business or Residence Addre 7701 Legacy Drive Plano		aucci, City,	State, Lip Co	ue)					
Check Box(es) that Apply:	Promoter	☐ Benefi	icial Owner		Executive Officer	Z	Director		General and/or Managing Partner
									wanaging rather
Full Name (Last name first, i Codina, Armando	f individual)								·
Business or Residence Addre	ss (Number and	Street, City,	State, Zip Co	ode)					
2855 South Le Jeune Roa	ad, 4th Floor Coi	ral Gables,	FL 33134						
Check Box(es) that Apply:	Promoter	Benefi	icial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	· ,··							
Cornell, Brian C.									
Business or Residence Addre 8000 Bent Branch Drive	•		State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	☐ Benefi	icial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Hill, Bonnie G.	f individual)	•		-					
Business or Residence Addre 5670 Wilshire Boulevard,	•	-	-	ode)					
Check Box(es) that Apply:	Promoter	Benefi	icial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Katen, Karen L.	f individual)		······································			· · ·			
Business or Residence Addre 425 East 58th Street, Ap				ode)					
Check Box(es) that Apply:	Promoter	Benefi	icial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			<u> </u>					
Business or Residence Addre	ss (Number and	Street, City,	State, Zip Co	ode)					1
	(Use blas	nk sheet, or o	opy and use	additi	onal copies of this s	heet, a	is necessary	·)	

				B. 17	NFORMAT	ION ABOU	T OFFERI	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes [No M		
What is the minimum investment that will be accepted from any individual?										\$		
3. Does th	ne offering	permit joint	t ownershi	p of a sing	le unit?		***************************************				Yes	No E
Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (N/A	Last name	first, if indi	(vidual)									
	Residence	Address (N	lumber and	l Street, Ci	ity, State, Z	ip Code)						
Name of As	sociated R	oker or De	aler						-	<u></u>		
vaine or As	sociated Di	OKCI OI DC										
States in W												_
(Check	"All States	s" or check	individual	States)	***************************************	***********		***************************************	***************************************		☐ All	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK W!	MS OR WY	MO PA PR
Full Name (N/A	Last name	first, if indi	ividual)				-					
Business o	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of As	sociated Bi	roker or De	aler					•••	 			
States in W								· · · · · · · · · · · · · · · · · · ·				
(Check	"All States	s" or check	individual	States)				***************************************			☐ Al	States
IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (NA	Last name	first, if indi	ividual)			 						
Business o	r Residence	: Address (1	Number an	d Street, C	City, State, 2	Zip Code)				· · · - · ·		
Name of As	sociated B	roker or De	aler			·						
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	indivi dua l	States)		***************************************					☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	••	Offering Price	Sold
	Debt	1,736,708.75	\$_0.00
	6 Equity	0.00	\$_0.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	0.00	\$
	Partnership Interests		\$ 0.00
	Other (Specify)\$		\$ 0.00
	Total	1,736,708.75	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		¥
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_0.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		s
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_0.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		c 0.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjuste	ed gross	\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estim the payments listed must equal the adjuste	ate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	,		0.00
	Purchase of real estate		-	□\$ 0.00
	Purchase, rental or leasing and installation of mac and equipment	hinery	_	s
	Construction or leasing of plant buildings and faci			s 0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	s 0.00	\$ <u></u>
	Repayment of indebtedness			\$ 0.00
	Working capital		_	s 0.00
	Other (specify):		[\$_0.00	s 0.00
			\$0.00	s 0.00
	Column Totals		<u>0.00</u>	
	Total Payments Listed (column totals added)		s <u> </u>	.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acce	nish to the U.S. Securities and Exchange	Commission, upon writte	ule 505, the following en request of its staff,
Iss	uer (Print or Type)	Signature	Date	 -
Tł	ne Home Depot, Inc.	the tadell	August 13, 2008	8
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	······································	
Rit	a L. Fadell	Assistant Secretary		
		<u> </u>		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS



- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)